

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	UT	69607	10/21/99
O.I.P.E. CLASSIFIER		8	10-27-99
FORMALITY REVIEW		6288	1-13-00

INDEX OF CLAIMS

☒ Rejected
☐ Allowed
☐ (Through numeral) Canceled
☐ Restricted
☐ N Non-elected
☐ I Interference
☐ A Appeal
☐ O Objected

Claim	Final	Original	Date
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If more than 150 claims or 10 actions
staple additional sheet here

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